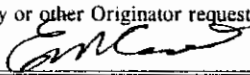


U.S. Department of Justice
United States Marshals Service

PROC'S RECEIPT AND RETURN

PLAINTIFF UNITED STATES OF AMERICA		COURT CASE NUMBER 05-10224-NMG	
DEFENDANT James D. Goodwyn		TYPE OF PROCESS Preliminary Order of Forfeiture	
SERVE ↓ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Donna L. Ruffin		
	ADDRESS (Street or RFD, Apartment No., City, State, and ZIP Code) 52 Massachusetts Avenue, Brockton, MA 02301		
SEND NOTICE OF SERVICE TO REQUESTER AT NAME AND ADDRESS BELOW:		Number of process to be served with this Form - 285	
Eugenia Carris, Assistant U.S. Attorney United States Attorney's Office John Joseph Moakley United States Courthouse 1 Courthouse Way, Suite 9200 Boston, MA 02210		Number of parties to be served in this case	
		Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address, All Telephone Numbers, and Estimated Times Available For Service)			
Please serve the attached Preliminary Order of Forfeiture upon the above name individual by certified mail return receipt requested.			
Signature of Attorney or other Originator requesting service on behalf of: 		TELEPHONE NUMBER (617) 748-3100	DATE December 21, 2006
		<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE			
I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process No. _____	District of Origin No. _____	District to Serve No. _____
Signature of Authorized USMS Deputy or Clerk			Date
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc. at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.			
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below).			
Name and title of individual served (If not shown above): Bureau of ATF Asset Forfeiture / Seized Property Branch 650 Massachusetts Ave., NW Techworld, Suite 710 Washington, DC 20226		<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode. Date of Service: 1/11/07 Time: 2:00 <input checked="" type="checkbox"/> am <input checked="" type="checkbox"/> pm Signature of U.S. Marshal or Deputy	
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges
		Advance Deposits	Amount Owed to US Marshal or
		Amount or Refund	

REMARKS:

*See Atch Receipt of Acknowledgement*PRIOR EDITIONS MAY
BE USED

1. CLERK OF THE COURT

FORM USM 285 (Rev. 12/15/80)

☒ USMS RECORD ☒ NOTICE OF SERVICE ☐ BILLING STATEMENT ☐ ACKNOWLEDGMENT OF RECEIPT

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Do not complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

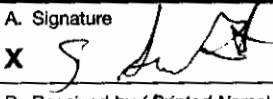
1. Article Addressed to:

James D. Goodwyn
Federal Inmate # 4721
PCCF, 26 Long Pond Road
Plymouth, MA 02360

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X


☐ Agent☐ Addressee

B. Received by (Printed Name)

Goodwyn

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail☐ Registered ☐ Return Receipt for Merchandise☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

2. Article Number

762025-05-0024-01

7003 1680 0006 7967 4215

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Donna L. Ruffin
52 Massachusetts Ave
Brockton, MA 02301

762025-05-0024-01

2. Article Number

11 40 0006 7967 4192

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Thomas Pharis* ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

Apr 21-3

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

- ☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes

102595-02-M-1540

City, State, ZIP+4[®]
 Street, Apt. No.,
 or PO Box No.
 Donna L. Ruffin
 52 Massachusetts Ave
 Boston, MA 02118

Sent To
 Certified Fee
 Return Receipt Fee
 Restricted Delivery Fee
 Endorsement Required
 Endorsement Required
 Restricted Delivery Fee
 Endorsement Required
 Endorsement Required
 Total Postage & Fees
 \$
 Postage
 \$
 Postmark
 Here

U.S. Postal Service[™]
CERTIFIED MAIL[™] RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit our website at www.usps.com[®]
 0762025-05-0024-01

7003 1680 0006 7967 4192
 7003 1680 0006 7967 4192



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT
 OF THE RETURN ADDRESS, SCISSOR AT DOTTED LINE
CERTIFIED MAIL[™]

SENDER: COMPLETE THIS SECTION

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A. Signature

X

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes

If YES, enter delivery address below: ☐ No

3. Service Type

☐ Certified Mail ☐ Express Mail

☐ Registered ☐ Return Receipt for Merchandise

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☐ Yes